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PHYSICIAN TO CHILDREN'S DEPARTMENT, DEMILT DISPENSARY, N. Y.

LECTURE V.—PART II.

DIPHTHERIA, CONTINUED, AND TREATMENT.—SPASM OF THE GLOTTIS.

In treating the disease itself, remember that your patient is likely to die from apnoea, produced either by the spasmodic closure of the glottis, or by the obstruction arising from the presence of the false membrane. Your treatment, therefore, is to be calculated to meet both the spasmodic and the mechanical elements of the danger. In the first stage, and before we have reason to suspect the existence of pseudo-membrane, I recommended you to adopt some plan of treatment which will more particularly cause the nervous symptoms to subside. Open the bowels by a rapid and efficient purgative—where there is much heat of skin the saline ones are preferable—act on the cutaneous system by warm baths, and administer musk or other antispasmodics by the mouth or in the form of injections. If the hissing inspiration and ringing cough, together with the fits of dyspnoea, have appeared before your visit, I believe that the application of the hot sponges, after the manner of Dr. Graves, will prove of great advantage, for I am convinced that I saved one case last winter by their use; at any rate it is a remedy that can do no harm in its trial, and that is worthy of more attention than has been given to it. If you do not check the disorder by these means, do not hesitate to make your patient vomit frequently; not because emetics exercise any specific influence against the disease, but because they are not only powerful and safe expectorants, and also because they act beneficially on the skin and on the organs of circulation. Unless the child is exceedingly vigorous and robust, and the sthenic action of the disease extraordinarily marked, avoid carefully the use of antimony, but depend upon ipecac, which is perfectly safe, or upon the sulphates of copper or zinc, which can produce no harm if judiciously managed. Stimulating expectorants—such as that mentioned by Dr. West, consisting of decoction of senega, carbonate of ammonia, and tincture of squill—are of great value in all stages of the complaint.

Supposing that your patient, having been through such a course of medication, instead of mending, advance from bad to worse—the cough is more smothered, the hissing respiration more frequent, and the paroxysms of dyspnoea more intense—in fact, you begin to suspect the existence of false membrane somewhere in the larynx. By avoiding the depression of his system, you have husbanded his strength; nay, you have done more, for you have saved him from consecutive bronchitis or pneumonia, which, I believe in the majority of cases, are the direct consequences of the old plan of treatment. Your object is still to prevent his dying of apnoea; your emetics and expectorants are of no avail; you have one resource left—tracheotomy. Do not wait until the last stage, when it is almost impossible to rally the exhausted vital powers, but operate early while your patient is still in good condition. The operation itself, if properly performed, is perfectly simple and easy, it is followed by no bad effect, and it gives the inflamed larynx that perfect rest which is one of the most satisfactory elements in our treatment of inflammations of other parts of the body. Do not look upon tracheotomy as the very last resort in the treatment of croup, and therefore only to be used when death has already claimed his victim,

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but rather regard it as one of your most efficient means of cure if it only be performed at the proper time. The details of the operation I need not dwell upon, I only wish to impress on your minds its importance in uncomplicated cases.

The bronchitis and pneumonia which complicate the disease will require, in addition to the measures enumerated, counter-irritation over the chest, and an early resort to stimulants. Let it be your object to keep your patient alive, and give nature time to exert her healing powers. Tracheotomy should, of course, be avoided when there is also trouble in the pulmonary tissue. Stimulants, tonics, and the chlorate of potassa, are indicated both in diphtheritic croup and that which appears during scarlatina. I have frequently referred to the spasmodic element of true croup as forming one of its dangers; you will, therefore, easily appreciate the importance of an acquaintance with that disorder, for which the name of phæno-glottism has been proposed, but which is more commonly known as spasm of the glottis.

Previously to the year 1830 this affection does not seem to have been distinctly recognised, although monographs on the subject were from time to time published by English physicians, and by Dr. Rush, of Philadelphia, who published two essays—one in 1770, and another in 1809. Nearly all the writers of that period considered it a convulsive disease, but many of them confounded it with that form of croup in which the nervous symptoms predominate. But Dr. Kopp, a German author, from whom it has acquired the title of Kopp's Asthma, wrote an elaborate treatise on the disease, in which he propounded the idea that it depended upon hypertrophy of the thymus gland; and other German writers, following in Kopp's footsteps, gave the results of various post-mortems, by which they considered that their views were established. This produced both a fuller investigation of the subject and numerous emphatic denials of the truth of Kopp's theories and deductions; and among many good and valid objections, it was clearly established that cases of spasm of the glottis are frequent in which no hypertrophy whatever of the thymus can be detected. While this controversy was going on in Germany, various and different opinions began to prevail in England, some physicians considering the disorder as purely convulsive in its nature, others regarding it as dependent on a variety of local lesions. It is, however, to the French that we owe most of our knowledge of this complaint. In 1845, M. Trousseau showed conclusively that spasm of the glottis is a convulsive disease; and his work was shortly followed by the very remarkable treatise of Dr. Hérard, in which the history of the disorder is traced in its minutest details. He studied the condition of the thymus, the cervical glands, the heart, the brain, and the spinal cord, not only in children who died from spasm of the glottis, but also in those who died of other diseases, and demolished the theory of Kopp by showing that the thymus is an organ of variable size, and that its greater or less development has no appreciable effect upon spasm of the glottis. Dr. Reid, however, published a work on the subject, which, with the notes added to it in 1850 by Dr. Lorent, of Bremen, furnishes the most complete information that we possess. Dr. Reid supported his descriptions by facts observed in a large practice, twenty-six of the fifty cases which he printed being reported with extreme accuracy. The disease shows itself during various conditions of the system—sometimes in perfect health, sometimes in the course of dentition, sometimes during or in the convalescence from different acute and chronic disorders. There are no precursory symptoms, but the child is suddenly seized with a fit of convulsive suffocation, resulting from a spasmodic closure of the rima glottidis; respiration is suspended, the head is thrown back, the eyeballs protrude, the mouth is widely opened, the face is injected, the child is agitated, and sometimes carries his hands to his throat with the peculiar gesture that is observed in croup. This apnoea seldom lasts more than half a minute or a minute; it is nearly always the

initial phenomenon of the attack, and is followed by one or more short, sharp, hissing inspirations, or by one loud, crowing inspiration, like the hoop in whooping-cough. At the same time there is a remarkable spasm of the thumbs and great toes; the limbs stiffen, the thumb is thrown across the palm of the hand, the toes are bent towards the sole of the foot, and both wrists and feet are contracted inwards and downwards. Most of the other functions of the system experience transient derangement: the pulse becomes small and accelerated, the action of the heart is tumultuous and irregular, the veins of the neck and face dilate, the skin is covered with a cold moisture, there are involuntary evacuations, the walls of the chest are immovable, and, if auscultation be practised, the respiratory murmur is inaudible.

These symptoms disappear nearly as quickly as they have come on. The inspirations become longer and lose their hissing character, the limbs relax, the hands and feet reassuming their natural position, the face regains its color, and after a fit of crying the child, exhausted by such an alarming and violent seizure, falls asleep.

These convulsions vary somewhat according as the apnoea or the hissing or crowing inspirations are more or less marked, or exist alone. Sometimes the face is flushed, sometimes it is pale, sometimes the suffocation is more intense than at others, but one single spasm never lasts more than one or two minutes, though Barthez and Rilliet mention the case of a child who died of spasm of the glottis, a single convulsion continuing, as the parents assured them, during two hours; upon which they gravely and justly remark, "The gravity of the symptoms, and the consternation which they caused, permit us to suppose that the length of time was exaggerated, or rather that a single fit was confounded with a series of connected attacks." If the infant is strong, and the attack has not been violent, the return to the normal state is complete; if it has been intense, and the child is ill or of a feeble constitution, it remains for a long time pale and sad.

The spasms return at variable and unequal intervals. They may be repeated fifteen or twenty times in the twenty-four hours, or they may be absent for weeks or even months. Very rarely there is but one convulsion, which never returns; or else, in other cases, there is a kind of a crisis, consisting of several, appearing one after another during several hours, and going away to come on again at a remote interval. Generally the child is seized with short spasms which are separated by several days. Their brevity, the length of the interval, and the slight influence they exercise upon the general health, do not alarm the parents. At the end of a variable time, however, they approach together. They take place every day, then several times in the day. The child's constitution suffers, as is shown by his growing pale and thin; one spasm more violent than the others carries him off, or, debilitated and depressed by their rapid succession, he fairly pines away.

Fortunately this is not always the history of this disease. The spasms, coming on lightly at first, gradually grow in frequency and intensity, then, decreasing, lengthen themselves out, and the malady terminates in recovery. We may, therefore, properly enough recognise three stages—of augmentation, development, and decline—and in most cases it is in the first of these that the termination by death occurs. Spasm of the glottis is a disorder of very early life, attacking children who have not passed their second year. It has been known to occur in the very first days of an infant's life, carrying him off in the course of six weeks, and cases of it after the age of two years are rare and exceptional. Curiously enough boys are much more liable to it than girls, though why it should be so is more than I can tell you. Nervous children who are continually in motion seem to be predisposed to it, though it is found not only in these, and in infants who suffer from rachitis or any other peculiar diathesis, but also in strong and healthy constitutions. It is developed by preference

in the winter—usually from October to March. Cold seems, indeed, to have a great influence over it, for, while frequent in northern countries, it is comparatively rare in southern ones.

Dr. Kerr remarks, that there are more cases when the wind is either north-east or north-west than at any other time. The most common of the predisposing and exciting causes, however, is the process of dentition. At this period, you know, great changes are going on in the animal economy, and children are exposed to a great variety of disorders; we are not, therefore, entitled to consider spasm of the glottis as depending on the penetration of the gum by the teeth, but we should rather believe that the organism being in a condition of great and unusual activity, its parts are therefore more likely to get out of order. Unfavorable hygienic circumstances, such as impure air, early weaning, and improper food, rank among the predisposing causes. In some cases there is an apparent want of any exciting cause whatever. The spasm may seize the child during the most tranquil slumber, or while it is reposing calmly in the arms of its nurse or mother. At other times the slightest cause may give rise to the attack of suffocation—such as the noise made by rubbing an article upon a table, the effort of deglutition, overfeeding, constipation, rage, laughter, fright, and moral emotions of all sorts. Barthez and Rilliet say that they have often produced the convulsion in depressing the tongue with a spatula, and were alarmed by the expression of the face and by the apnoea, evidently the results of a violent contraction of the respiratory muscles.

You will have observed from the description that I have given you that the peculiar symptoms of spasm of the glottis are, a sudden attack of suffocation followed by a crowing inspiration, not having any precursory symptoms, and not accompanied by cough. When you have once witnessed it, you cannot very well confound it with any other disease.

It is distinguished from croup by the permanency of dyspnoea in the latter malady, as well as by the hoarse and characteristic cough, the rough metallic sound of croupy breathing, the continuity of the symptoms with their disposition to exacerbations and remissions, the decided febrile movement, and the occasional expectoration of false membranes. None of these symptoms are observed in spasm of the glottis, but, on the contrary, the interval is distinguished by healthy respiration, there is no cough, no fever, no expectoration of false membranes, but there is always a tendency to the superintention of general convulsions. It cannot well be mistaken for whooping-cough, for the sudden suffocation and absence of cough distinguish it clearly from a disease accompanied by a convulsive cough, expectoration, and vomiting. Yet it is fair to remark that the crowing inspiration of the one, and the hoop of the other, are very nearly alike in sound, a semblance easily accounted for when we remember that they spring from the same cause, viz. a more or less perfect closure of the glottis, succeeded by a protracted inspiration.

There is a kind of infantile asthma which may be confounded with it, resulting from compression of the trachea or of the pneumogastric nerves by tumors of different sorts, as occurs, for instance, in tubercular deposit in the bronchial glands. They are known apart, however, by the form and length of the fits of apnoea in the case of abnormal tumors, by the cough, and by the persistence of several symptoms in the interval, making a sufficient distinction from spasm of the glottis. We may have, however, in newly born children, both of these diseases existing at the same time.

When the attack is sufficiently severe to require the services of the physician, the prognosis is at least doubtful. Dr. Cheyne lost one-third of his cases; in the cases of Dr. Hirsch three out of five died; MM. Barthez and Rilliet report that they cured one in nine, and Dr. Hérard one in seven. Out of 289 instances of the complaint collected by Dr. Reid and his German translator, 115 died, making a mortality of forty per cent. If, however, we remember that there are many seizures so slight and imperfect as

never to come under the notice of the profession, we may perhaps be allowed somewhat to reduce our estimate of the fatality of spasm of the glottis. The circumstances which indicate a favorable termination are:—1st. A brief attack limited to a few hissing inspirations; 2d. The preservation of the natural color of the face; 3d. The lengthening of the intervals between the attacks; 4th. A good constitution; and 5th. Proper hygienic circumstances. On the other hand, those which point to an adverse result are:—Protraction and intensity of the seizures, lividity or ghastliness of the countenance, increase and rapid repetition of the spasms, and general convulsions.

Since the time of Dr. Kopp many and conflicting opinions have prevailed as to the pathology of this disease. That physician attributed it to hypertrophy of the thymus gland, but his theory has been clearly proved to be untenable. Other writers have considered that the seat of irritation may be at the nervous centres, or at the origin of the pneumogastrics; and others again refer it to the suspension of the functions of that portion of the eighth pair which is distributed to the larynx. The discovery by Dr. Marshall Hall, however, of the reflex functions of the spinal cord, threw great light upon the true nature of the disorder, and we now consider it the consequence of excitement of the reflex system originating in various organs of the body.

In all uncomplicated cases we find upon dissection no appreciable lesions, with the exception of various alterations which are consequent upon, and not the causes of the spasm of the glottis. Among these secondary changes the most common one is pulmonary emphysema, which was observed in all Dr. Hérard's cases. In the heart we shall probably discover a quantity of liquid venous blood; and there may be more or less serous effusion beneath the arachnoid, accompanied with some congestion of the cerebral substance.

We may, therefore, draw this conclusion, both from the symptoms of the disorder and from the absence of any special post-mortem alterations, that it is a convulsive disease arising from want of harmony in the action of the different respiratory muscles. What causes this condition of things we cannot tell—it is a problem reserved for our successors in future ages, who shall have the means of investigating the profound chemical and vital phenomena that produce all deviations from the standard of health.

In our treatment our first object is to guard against the accession of spasm of the glottis. We should be careful that the child is properly fed, that it respire a sufficient amount of pure air, that cleanliness is strictly attended to, that it is wisely clothed, and that the bowels are regulated. During the course of dentition the state of the mouth will require particular consideration, and all heat and tumefaction of the gums should be removed by frequent and free use of the lancet. Dr. Marshall Hall even goes so far as to say that the gums should be lanced every day.

During the access of the spasm, although we cannot do much, still we can effect something. At the moment that the child is seized it should be raised up, so that it may be able to employ all its efforts in respiration. Cold water should be dashed upon the face, the feet should be bathed in warm water, to which mustard or Cayenne pepper may be added, and smart friction of the limbs with some liniment containing ammonia will be useful. If these means are of no avail, resort instantly to the inhalation of ether or chloroform, which is beyond doubt a remedy of extreme importance.

During the interval, if the child is not robust and healthy, you will insist upon proper hygienic treatment, and will administer cod-liver oil as a tonic, together with some of the antispasmodics, such as valerian, musk, the oxide of zinc, or assafoetida. Change of air also is indicated, and will often surprise you by its beneficial effects. If these means fail, you may increase your doses of the antispasmodic, and may try some of the alterants, such as calomel, or

the iodide of potassium; if, however, the spasms approach more closely together, and the face be congested, the child being otherwise of good constitution, apply one or two leeches behind the ears, and use warm baths, sinapisms, and frictions with stimulating liniments; but in all cases rely upon antispasmodics, tonics, and proper food. Remember that your patient may die of spasmodic suffocation: do all that you can in every way to prevent it; do not mistake the disease for croup, and imagine that you have an acute inflammation to deal with; do not underrate the danger that the child is exposed to because the first attack is slight, for you never can know how severe the succeeding ones may be. And finally, gentlemen, let me impress most earnestly upon you the great necessity and importance of two things—first, of prompt and early medical assistance; and secondly, of close attention to the sanitary condition of a child who suffers from spasm of the glottis.

Original Communications.

ANTERIOR SINGLE FLAP AMPUTATION.

By WILLIAM HENRY CHURCH, SURG. U.S.V.,

MEDICAL DIRECTOR, DEPARTMENT OF THE OHIO.

MORE than two years ago, at Bellevue Hospital, I amputated a thigh by what might be called the anterior single flap method. That patient did so well that, upon entering the army, I induced others to assist me in giving the method a more thorough trial, and subsequent experience has been so favorable that I have determined to submit a description of the operation for publication. Having grasped as much of the soft parts as can be held by the left hand, a catling is passed through above the bone, carefully avoiding the principal artery, nerve, and vein. A superior flap is made by cutting downwards and upwards, its length being little less than one-third the circumference of the limb, i.e. if the limb is fifteen inches in circumference, the flap should not be more than five inches in length.

The flap being drawn back by an assistant, the remaining soft parts on the lower part of the thigh are divided down to the bone by one sweep of the knife at right angles with the shaft of the bone, as in the circular operation, it only remaining to saw through the bone to complete the amputation.

The parts are brought together with sutures and adhesive straps, and the stump covered with a light or cold-water dressing.

The supposed advantages of this operation are:—

That, when in coaptation, the cut surfaces are confined to the lower half of the limb.

From the above fact the fluids more easily escape.

The vessels and nerves are divided transversely, and cannot be drawn over the end of the bone.

The bone is not so apt to protrude.

The cicatrix does not come near the end of the bone, which is covered by a thick cushion of muscles and other soft tissues.

The stump is better adapted to the purposes of an artificial limb. I never have yet seen any portion of the flap slough.

For about thirty-six hours after amputation the discharge is very profuse, when it almost entirely ceases.

Should the above assertions prove correct, there is every reason to hope for a more speedy recovery through union by first intention than in either the double flap or circular operation.

The leg may be amputated by dissecting up the anterior flap, when the operation is completed in the same manner as with the thigh.

CINCINNATI, O.

ON THE TREATMENT OF FRACTURES OF THE LEG.

BY A MODIFICATION OF POTT'S SPLINT, WITH CASES.

By H. RAPHAEL, M.D.,

HOUSE-SURGEON, BELLEVUE HOSPITAL.

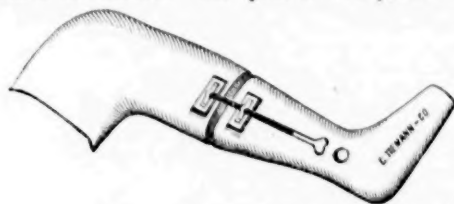
It is now a well established fact that, in all forms of fracture, especially in long bones, the position in which the injured limb is to be placed is of great importance. It has long been taught that extension and counter-extension ought to be applied in fractures of long bones in their long axis, without any regard being paid to the anatomical arrangement of the muscles surrounding the limb.

That any set or class of muscles may by proper management be converted into an auxiliary power in maintaining the ends of a broken bone in apposition, and, on the other hand, by irritation or the like be thrown into convulsive action, is well known; and that the muscles, normally performing the duty of extensors and flexors, may, by irritation of the ends of a fractured bone, act on the fragments, and tend to displace them, is also acknowledged by all. This holds good in almost all fractures of long bones, but in fractures of the thigh and leg, especially when they are usually oblique, these phenomena can be best observed. Every one is convinced how perfectly useless it is to apply a power for the purpose of overcoming an irritated muscle as long as the stimulus exists which constantly urges the muscles into action.

The study of the anatomical arrangement of the muscles of the leg cannot fail to convince us that the application of extension can be of little service when applied in the long axis of a limb placed in a horizontal position; for the very attempt at placing the limb in an extended position places the muscles in a state of tension, and gives them an opportunity of exerting their greatest power of action and resistance. But relax these muscles, and they become incapable of acting on and displacing the ends of the bone, because the muscles themselves, when in a state of laxity, are less likely to be irritated by the fragments. Then, again, the patient will thereby be spared a good deal of pain, and the surgeon will encounter fewer difficulties in reducing the overlapped ends of the broken bone.

Another and equally grave objection to the method of treating fractures of the leg in the extended position is ulceration of the heel, so liable to follow when the leg is allowed to rest on the calf and heel for any length of time. And the tendency of the toes to eversion or inversion when the foot rests on the heel, and subsequently uniting with deformity, these, and many other difficulties, are wholly obviated by placing the limb in the position, and using the splint recommended and practised by Pott. I can use no better language in attempting to recommend this splint than by quoting Dr. Hamilton's remarks on it in the treatment of fractures of the leg. "Without being able, in a case which presents so many forms and complications, to establish any rule of universal application, I nevertheless do not hesitate, after considerable experience, in declaring a plan of treatment which, in my opinion, ought to be adopted with only occasional exceptions, that is, I mean to say, in simple fractures. The plan of treatment to which we chose to give so general a preference is well known as that recommended by Pott, the distinguished surgeon of St. Bartholomew's Hospital, and with only slight modifications it will be found applicable to probably nine-tenths of all simple fractures of the leg, and to some of the compound fractures." The advantages this splint has over other appliances are obvious; as the muscles of the leg are relaxed, extension is more easily applicable; while the leg lies on its outside there is no pressure on the heel, obviating the dangers of ulceration, and the foot is less likely to rotate inwards or outwards. And having used this splint in several cases with the utmost satisfaction, it occurred to me that some improvements might be

made on the original in the way of an extension apparatus. This has been fully accomplished by making the splint in two parts or halves, with an endless screw attached to them, as seen in the woodcut. The splint is well padded to fit



the irregularities of the limb, is placed on the outside of the leg, the thigh slightly flexed on the body, and the leg on the thigh. In this position the upper portion of the splint is fastened either with adhesive plaster or a roller to the thigh and upper part of the leg, while the lower half is secured to the foot and to that portion of the leg below the fracture. Extension is now made by a few turns of the screw, which causes the two portions of the splint to recede from each other, by which means the ends of the overlapped fragments are easily reduced.

I think we may dispense with the inside splint as originally used by Mr. Pott, by making the splint hollowed out or grooved, so as to encircle the limb about one-half its thickness. I will conclude by giving the histories of some of the cases treated with this apparatus, hoping that the final results obtained by it will induce others to try it.

CASE I.—Paul Tomlinson was admitted Jan. 10th with a comminuted fracture of both bones of the right leg. There was great overriding of the fragments and considerable swelling. By the fifth day the swelling had subsided, the leg was placed on the splint, and secured by a roller. And as the swelling rapidly subsided the dressings were tightened, without, however, removing the limb from the splint and displacing the fragments. This splint with extension was kept on to Feb. 5th, when it was removed and a pasteboard splint substituted, the bones being found to have united. This patient was discharged Feb. 20th without the slightest sign to show the point of the fracture.

CASE II.—T. G.—, admitted Feb. 28th with an oblique fracture of the tibia and fibula at the junction of the middle and lower third. As there was but little swelling on his admission the limb was put upon this splint, and secured with adhesive plaster above and below, and evaporating lotions were applied at the point of injury. This splint with extension was kept up to March 25th, when the fracture was found to be united, and the leg was put in a pasteboard splint. Patient left on the tenth of April.

CASE III.—C. McB.— was admitted with an oblique fracture of both bones of the right leg in its middle third, the result of direct violence by a heavy plank board falling on his leg. By the time he was admitted into this hospital the leg was considerably swollen and inflamed, which prevented the immediate application of splints. By the fifth day the swelling had diminished to such an extent that the limb could with propriety be put up. The limb was placed on its outside, and secured to the splint, which was retained for twenty-six days. At that time the overlapped ends of the fracture were completely reduced, and union had taken place. Pasteboard splints were now applied, and the patient left the institution two weeks after.

CASE IV.—T. S.— was admitted May 9th with a fracture of both bones of the left leg. The site of fracture in this case was most unusual. The tibia was broken at not more than three-fourths of an inch above the ankle-joint; the fibula about half an inch higher. This case was no less difficult to treat than it was remarkable in point of fracture. As the muscles of the calf of the leg contracted they drew the heel backwards, which caused the lower fragment to bulge out in front to the height of an inch, simulating a backward dislocation of the tibia or fibula from the astragalus. The fracture-box, double and single inclined planes,

were successively tried with pressure on the lower fragment in front and on the upper behind. But the deformity was only increased by the repeated attempts at placing the limb in an extended position. At the suggestion of Dr. Smith, Pott's splint was substituted, with the leg placed in a position that completely relaxed the muscles of the leg, and at the end of three days the displacement was reduced to such an extent that only a projection of not more than one or two lines showed the site of the previous deformity. The bones have now united with no more deformity than that just mentioned.

These cases have been examined by some of our most distinguished surgeons, who expressed their entire satisfaction with the result thus obtained.

BELLEVUE HOSPITAL, June, 1868.

FOREIGN BODY IN THE AUDITORY CANAL.

By D. B. ST. JOHN ROOSA, M.D.

NEW YORK.

A SOLDIER standing guard before the hospital-tent of a regiment, suddenly felt an insect passing into his ear, and a sensation of pain, causing vertigo, and compelling him to be relieved from his duty. On examination of the ear, as well as the imperfect means allowed, no aural speculum or sunlight being at hand, the presence of a small bug was thought to be ascertained. This was done by one of the hospital attendants, and he attempted to remove it by means of forceps and other dangerous implements. Only more pain was caused, when I was sent for, and ordered the ear to be syringed for fifteen minutes with warm water. This relieved the pain, and the insect was thought to be removed; but as the operations were carried on by the light of one candle, it was somewhat difficult to decide certainly. External otitis resulting from the lodgment of the insect, it was treated by applications of warm water to the auditory canal and membrana tympani; during the acute stages, by counter irritation over mastoid process, and later on, with a mild lotion of plumb. acetat. applied to the membrana tympani. Ten days after the supposed lodgment of the insect, during one of the applications of warm water by means of a syringe, the bug, as it proved to be, passed out, of course long since dead. A slight otorrhœa existing, and the patient having also an ulcer of the leg, on the moving forward of the regiment, I was obliged to leave him at a General Hospital, and hence lost sight of the case.

This case is unsatisfactory from various reasons. The absence of aural specula, which should be in each regimental instrument-case, and my inability to get one made to answer the purpose, prevented a full examination of the auditory canal at the beginning of the case, the only possible time for a satisfactory one, the subsequent external otitis preventing any certain diagnosis as to the presence of the bug.

The application of the forceps to attempt its removal was decidedly wrong, for that instrument should very rarely, if ever, be introduced into the ear for the removal of foreign bodies. Its use is almost certain to excite inflammation, and that of a dangerous character. We should beware of probes, forceps, *et id genus omne*, in our treatment of the ear.

The application of warm water, filling the external ear completely with it at frequent intervals, I consider, with the aid of leeches applied on the tragus in extremely acute cases, the very best alleviator of the terrible pain which is one of the evidences of acute otitis. It is much to be preferred to the application of poultices, which are more apt to lead to such relaxation of the parts as to cause suppuration, and is more convenient and clear. As far as I know Dr. V. Tröltzsch, of Würzburg, Germany, was the first to recommend this remedy as particularly adapted to quieting pain in the ear.

The application of a steady and comparatively large stream of water is the only certain and safe way of remov-

ing foreign bodies, such as peas, beans, buttons, insects, which may be inserted or find their way into the ear.

83 East 22d Street.

Progress of Medical Science.

PREPARED BY E. H. JAMES, M.D.

AN ESTIMATE OF THE EXTENT TO WHICH HUMAN LIFE HAS BEEN PROLONGED OR ABRIDGED BY OVARIOTOMY.

WAS recently the subject for discussion in the Royal Medical and Chirurgical Society of London, introduced by Dr. Robert Lee, who examined the tables published by Dr. Clay in 1860, comprising 567 cases, of which 242 were considered successful, 235 died from the direct effects of the operation, leaving 90 cases concerning which no information is furnished whether life was prolonged or abridged. From this analysis, and the number of unpublished unsuccessful cases he has succeeded in collecting, Dr. Lee "considers it demonstrated that ovariectomy is an unjustifiable operation where the life of the patient is not in immediate danger, and where there is not a great probability of the life of the patient being saved by the removal of the disease." He further stated that his attention had been early called to this subject by a fatal case in which a fibrous tumor of the uterus had been mistaken for a tumor of the ovary, and removed. He had carefully examined every case of ovarian disease that came under his observation, the result of which was that he believed it impossible in any case to determine before actually laying open the abdomen what the condition of the viscera was, and hence it was not justifiable to perform such a dangerous operation at a venture.

MR. MACILWAIN thought more accuracy in diagnosis was wanted, that the disease should be studied from the laws of general pathology, and that the danger of removing the ovary had been exaggerated. He agreed with Mr. Spencer Wells that the after-treatment, repose, was the Alpha and Omega. Mr. W. had given him the addresses of twelve patients on whom he had operated, ten of whom he had seen, one a young woman from whom Mr. W. had removed a tumor weighing forty pounds, and who was now, with the other nine, quite well. From this he felt convinced that the question of ovariectomy was worthy of most serious consideration, and should not be the subject of mere hostile interchange of opinions; that the facts required could not be gathered by a single person, however large his experience, but that by vigorous action of the Society enough facts might be accumulated in a few years from which more definite conclusions could be drawn. To this end he suggested that the council issue a series of questions for the collection of information concerning these operations.

MR. BAKER BROWN felt extremely obliged to Dr. Lee for bringing this subject so frequently under discussion, for the greater the investigation the greater the elimination of truth. He had frankly published every unsuccessful case in his own practice, and he believed as a rule other ovariectomists had done the same. He had performed the operation fifty-three times during the past twelve years, and the result had been twenty-nine recoveries and twenty-four deaths. The mortality in his practice of late had been very much less than during the first years, there having been in the thirty-one operations performed in the London Surgical Home only ten deaths, and only four in the last fifteen operations there and in private practice. He believed it to be the most dangerous operation ever performed; that he never advised a patient to have it performed, but, after having placed all the facts before her, he left her, assisted by her friends, alone to decide; and although easy of performance, the complications are often of the most serious nature. He considers the most important part of the question that of diagnosis; and although he had devoted more than thirty years of his life to the careful study of the subject, and had paid special regard to the question of diagno-

sis, he unhesitatingly affirmed, that there were no rules that could be laid down so absolute as to enable any surgeon to diagnose with perfect certainty before operation. He therefore hoped Dr. Lee would continue to devote his powers of mind to the solution of this difficult problem, believing that by so doing he would do more good service, and strengthen the hands of the operating surgeon, than by any attempt to discourage ovariectomy. He had, ten years before, operated on his own sister, who recovered, and since married, and had recently given birth to her fifth child; and if occasion offered, he should follow the same plan in any one near and dear to him, believing the operation justifiable, and entitled to be recognised as a legitimate one in surgery.

DR. TYLER SMITH said the peculiarity about ovarian disease is, that, beyond the material abstracted from the system, it is only injurious by mechanical pressure. It does not otherwise threaten life. He therefore did not think it right to operate until the health began decidedly to give way, without waiting until the health was so completely broken as to destroy the chances of the success of the operation. By so doing we run far less risk of peritonitis than by operating when the patient is in robust health. The only evil of delay is the possible formation of adhesions; but even these do not greatly diminish the chances of success. By acting upon these principles he has been successful in twelve out of fifteen cases; and he has only made one error in diagnosis, in which the disease was cancerous tumor of the mesentery.

MR. SPENCER WELLS and MR. CHARLES HAWKINS both spoke in favor of the operation when guided by the principles advocated by Mr. Tyler Smith; and both urged the adoption of Mr. Macilwain's suggestion.

Notwithstanding Dr. Lee's incredulity concerning the propriety of this operation, it has certainly been more successful in this country, as will appear when the subject is brought before the New York Academy for discussion.

Dr. Charles Clay has given to the *Obstetrical Society* of London some statistical observations on ovariectomy, in which he stated that he had performed 109 peritoneal sections, of which 104 were for ovarian extirpation, three for cutting down upon the tumor to establish ulceration where its removal was impracticable, one for Caesarean operation, and one for the removal of both uterus and ovaries. Of the 104 ovarian cases, 72 recovered, 32 died; all the ulcerative cases recovered; the Caesarean section lived to the fifteenth day; and the case of the entire removal of both uterus and ovaries recovered. Of the 32 deaths, 10 died from the immediate effects of the operation, 10 from inflammation, 10 from prostration, and two from hemorrhage.

He attributes much of his success to the raised temperature of the room for the operation. He values chloroform highly, but would not employ it if the woman could face the difficulty without it. He operated fourteen times before chloroform was discovered, and nine recovered. He attributes the distressing vomiting in a great measure to the use of chloroform, as he saw but little of it in the fourteen cases where it was not used. For the relief of this he recommends patience until the blood has got rid of its carbon, simple drinks, and as little food as possible. In all cases the length of the incision was commensurate with the tumor to be extirpated, he preferring a large incision to a small one.

DR. LEONARD J. SANFORD, of New Haven, a graduate of Jefferson Medical College, Philadelphia, class of 1854, has been appointed Professor of Anatomy and Physiology in the Medical Department of Yale College, in place of Professor Charles Hooker, deceased.

GANGRENOUS FLY.—The inhabitants in the neighborhood of the cemetery of Montmartre, Paris, have suffered from the attacks of a "gangrenous fly," which causes inflammation, mortification, and death within twenty-four hours. Many persons have fallen victims.—*Lancet*.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, March 11, 1868.

DR. H. B. SANDS, VICE-PRESIDENT, IN THE CHAIR.

RHEUMATIC ARTHRITIS OF HIP SIMULATING FRACTURE OF NECK OF FEMUR.

DR. SAYRE presented a specimen of rheumatic arthritis of the hip-joint, which gave very much the appearance of a fracture within the capsular ligament. A few days before he happened accidentally to be present at a post-mortem examination of a man fifty years of age, who had died suddenly of some disease of the heart. Dr. Sayre was struck at first with the position of the right foot, which was everted. On further examination he found the limb about three-fourths of an inch shorter than its fellow, and, though it allowed of free rotation and adduction, the limb could not be adducted beyond a certain point. On opening the joint the upper margin of the acetabulum was surrounded by a prominent ridge of bony material, while the head of the femur was deflected downwards, and was subject to an irregular enlargement. At first Dr. Sayre thought there were evidences of a union of a fracture within the capsule by a line which passed irregularly around the neck a short distance from the head of the bone, but on sawing through the specimen such a suspicion could not be confirmed. He accounted for the shortening either by the deflection of the head of the bone or the enlargement of the acetabulum, which latter condition was sufficient to account for the eversion. The difficulty in adducting the limb was plainly ascribable to the hyperostosis behind the superior portion of the head of the bone.

FIBRO-NUCLEATED TUMOR OF RIGHT CHEEK.

DR. SANDS presented three specimens of tumors. The first was removed two weeks previously by Dr. Parker from a gentleman sixty years of age, who carried an enormous growth from his right cheek for thirty years. The tumor at first commenced as a small lump on the right cheek about an inch in front of the angle of the jaw. For a number of years it remained about the size of a walnut, and was freely movable under the integuments. Subsequent to this, until within the past six months, it increased slowly in size. Previous to the operation the tumor had attained a very remarkable size, being of a more or less irregular pear shape, and hanging from the cheek it nearly reached the shoulder, and by its weight alone compelled the patient to carry his head to one side. At the lower and anterior aspect of the tumor was an outgrowth which was somewhat softer than the surrounding parts. At one or two points fluctuation was distinct. At the point of attachment the tumor measured eighteen inches, its largest circumference twenty-three inches, and its weight was five pounds. The operation for its removal was unattended with any difficulty, and the substance of the tumor contained several cysts of various sizes, containing in the aggregate about half a pint of fluid. On microscopic examination the tumor proved to be of that character denominated by Mr. Bennet fibro-nucleated. The appearances were very similar to those presented by fibrous tissue, but the striations were not so well marked. The substance was mostly composed of free nuclei, containing one or two nucleoli, and joined together by a homogeneous substance. These nuclei were uniform in size, were very small, and lay parallel to each other with no tendency to cell formation.

CHRONIC MAMMARY TUMORS.

The two other tumors were both examples of what is known as the chronic mammary tumor. The first was removed by Dr. Parker from a married lady forty years of age, with no children, who was in the enjoyment of per-

fect health up to the time of the appearance of the tumor about a year ago. It grew with great rapidity up to the time of its removal, when it measured two inches by three. It was found imbedded in the mammary gland, and was closely connected with it; it was nodulated and hard to the feel. Under the microscope its structure was similar to that of the mammary gland, there being an abundance of well shaped follicles filled with small epithelium.

The second tumor was remarkable for the small size (that of a nutmeg) which it had attained after a growth of eight years. It was removed by Dr. Peters from a married lady, who first noticed its appearance shortly after lactation. It was freely movable under the skin, and exquisitely tender. It measured in its longest diameter five-eighths of an inch, and Dr. Sands thought that it was the smallest one of the sort on record. The largest one that he had seen removed was by Dr. Wood, and that weighed fifteen pounds.

Dr. Wood remarked, that the patient of his referred to presented herself not long ago at the hospital with an ugly-looking cicatrix.

The Society then adjourned.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, Feb. 18, 1868.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION ON STRANGULATED HERNIA.

DR. G. BUCK presented the following account of cases in which the operation of dividing the stricture external to the hernial sac was performed.

CASE I.—Inguinal Scrotal Hernia.—On Saturday, Nov. 8th, 1862, at noon, visited Mr. S— at No. — Eighth avenue, in consultation with his attending physician. Mr. S— is a native of Germany, 47 years old, a grocer by occupation, of a corpulent habit, weighing over 200 lbs., addicted to the free use of gin, and of a lethargic temperament.

He was suffering from an inguinal hernia of the right side that had been strangulated for more than forty-eight hours. The tumor was of the size of a cocoa-nut, and distended the scrotum to such a degree as to conceal the penis; the right testis lay at the bottom of the scrotum, in loose contact with the tumor; the left testis was on a level with the middle of the tumor, and on the left side of it. The scrotum, though stretched, was not adherent nor cedematous. The tumor itself was very tense, elastic, resonant on percussion, and not painful when handled. The abdomen was moderately distended, but not tender on pressure. Enemata had been administered, but without producing any evacuation. The pulse was calm and undisturbed.

The hernia had existed for about eight years, and, until recently, had always been reducible. He had never worn a truss, but had supported the tumor with an ordinary suspensory bandage. On the preceding Thursday night he waked out of sleep, and found his hernia had acquired a much increased size, and he could no longer diminish it by his usual manipulations. Early on Friday morning he visited the market, as he was accustomed to do, but on his return home in the forenoon was obliged to take to his bed, on account of the severity of the abdominal pain and vomiting.

Enemata containing spirit of turpentine had been administered, and ice-water applications made to the hernial tumor, but without relief. At the time of our visit, the vomiting having ceased, and the other urgent symptoms abated, it was decided to make further efforts to overcome the obstruction and evacuate the bowels. Compound infusion of senna and repeated laxative enemata were directed.

At midnight I was summoned to operate. The bowels had not moved. Vomiting had returned, and persisted with increasing frequency. In this case it was deemed of special importance to avoid opening the sac, as the exposure of so extensive a surface of peritoneum would have certainly been followed by fatal peritonitis.

The operation was performed as follows, without the

administration of anesthetics. An incision of five inches in length was made over the line of the axis of the tumor, extending to an equal distance above and below the seat of the stricture. The division of the integument and subjacent loose tissues exposed to view the immediate coverings of the sac. These were raised layer by layer, and traced upwards towards the external ring with the handle of a scalpel and the forefinger, till at length a level was reached along which the forefinger arrived at and engaged itself with the nail under the lower edge of the intercolumar fascia, which was very tense, and tightly constricted the neck of the sac. Cooper's hernia knife was conducted flatwise under the stricture, care being taken to keep it parallel to the axis of the body. Its cutting edge was then directed forwards, and, by elevating the handle, was made to press against the stricture band and divide it.

Constricting bands were felt still higher up and divided throughout their whole extent. At once the hernial tumor began to relax, and a movement of flatus was perceptible within it. The patient himself expressed relief, and soon called for assistance to have a stool. By compressing and kneading the tumor, and crowding its contents towards the inguinal canal, the sac was emptied, except a small portion of what appeared to be indurated omentum.

The wound was closed with four sutures and adhesive straps, over which a compress and spica bandage were applied.

Nov. 9th.—No vomiting, no abdominal pain, no tenderness of the tumor, which is soft and supple. Has had several liquid stools; moderate febrile reaction has taken place; pulse full and about 100.

Nov. 10th.—Has passed a comfortable night. Belly moderately tumid, supple, free from pain. Scrotum, though distended, is soft; its contents are easily displaced by pressure, and pushed back into the abdomen as far back as the adhesions will permit. No tenderness of the parts under handling. Has had several liquid stools; pulse about 100. Ordered pulv. Dover., gr. x.

Nov. 11th.—Patient has vomited; belly and scrotal tumor the same; pulse more frequent. Ordered calomel gr. x., to be followed by ol. ricini ʒ ss, in four hours.

Nov. 12th.—Several evacuations followed the administration of the cathartic. A great change has taken place in patient's general condition. The surface is relaxed. Pulse very much increased in frequency and weak. Countenance expressive of exhaustion. The belly and scrotal tumor supple and entirely free from pain; everything is tending to a state of collapse; has vomited once or twice. Directed stimulants, which have been given sparingly during the last twenty-four hours, to be increased ad libitum. Patient has also taken carbonate of ammonia. At 5 P.M. rapidly changed for worse, and died at 6 P.M.

Post-Mortem Examination, seventeen hours after death.

—Subcutaneous fat over the abdomen of more than an inch in thickness. The sutures still remained in the wound, the edges of which are ecchymosed. The abdominal cavity being laid open, the small intestines were found considerably distended. No fluid in the peritoneal cavity; no recent lymph, nor increased vascularity, nor recent adhesions. On tracing the protruding viscera down into the hernial sac, the internal abdominal ring could be distinctly traced out, and constituted the dividing line between the abdominal cavity and the sac. It was very much increased in its dimensions, allowing four fingers to pass through it, though occupied by the protruding parts. The contents of the sac, which reached the lowest point of the scrotum, consisted chiefly of indurated, thickened omentum, which, when spread out, covered a surface of nearly a foot square. A single knuckle of small intestine lay behind the omentum, collapsed, and presenting no signs of disorganization or of recent lymph upon its surface. The omentum occupying the sac was congested in a moderate degree, but nowhere disorganized or gangrenous. The old adhesion which fastened it to the sac was limited to a narrow band not exceeding two

fingers in breadth, and was situated low down in the sac. The testicle occupying the most inferior part of the scrotum lay external to the sac, showing the hernia to have been of the indirect inguinal variety.

The examination was limited to the parts described.

Remarks.—The examination showed conclusively that the operation had perfectly accomplished its object in removing the stricture, such as undue distension, peritonitis, or disorganization. The patient's previous habits of intemperance and excess had impaired his vital powers to such a degree, that they could not rally from the shock sustained by the preceding state of strangulation.

FOREIGN CORRESPONDENCE.

LETTER XLIII.

By PROF. CHARLES A. LEE.

Rome, Nov. 25, 1862.

The great hospital of *Santissima Salvatore*, which I visited next, consists of two piles of magnificent buildings, situated on opposite sides of the street leading from the Coliseum to St. John Lateran. It was founded by Cardinal Colonna in 1216, and went under the name of St. Andrew until committed to the present confraternity, from which it derives its present appellation. This religious order, composed at first of twelve noble Romans, had charge of the chapel called *Santa Sanctorum*, near the Lateran palace. The physicians in charge at the time were extremely civil to me, as they have been everywhere, and gave me every facility for seeing and investigating everything connected with the establishment. The hospital is chiefly for females requiring medical treatment, receiving patients of any religion, age, rank, or country. It has, also, a department for those suffering from sudden violent accidents, and a ward for aged females afflicted with chronic disease. It has about 600 beds, and its register shows a greater mortality than any other hospital in Rome, being upwards of 14 per cent. This high death-rate is doubtless owing partly to the insubrious situation in which it is placed, and partly to its admitting so many aged persons afflicted with chronic and incurable complaints. The principal ward is an immense hall of large proportions, perhaps 300 feet long, and of proportional width and height; the windows, placed high above the floor on each side and frequently opened, allow of the most perfect ventilation. Its ordinary staff consists of two principal physicians and one principal surgeon, with two assistant-physicians and two assistant-surgeons, besides its attendants and dressers, twenty in number. Regular visits are made twice in the day, but physicians are always about the establishment, ready to give their services when wanted. A religious order, called *Cruciferi*, distinguished by a red cross on the habit, attends to the spiritual wants of the patients. In 1821 a community of *Sisters of Mercy*, who had dedicated themselves to visiting the sick in another part of the city, were transferred to this hospital by Pope Pius VII. The same order had important privileges granted to it by Popes Leo XII. and Gregory XVI. The vows of poverty, chastity, obedience, and hospitality, last only for a year, and are renewed at the end of that time; but when its members attain the age of forty they can make the vows perpetual. A large majority of the patients at the time of my visit were laboring under some of the forms of fever, malarious chiefly, but many were cases of typhus and typhoid. The treatment does not vary essentially from that pursued in similar cases in our own country, except that depletion, especially by leeches, is far more frequently practised. A large fountain in the central court serves, not only for the preservation, but also the breeding and multiplication of the leeches.

What strikes an American as somewhat strange is to see so many religious moving about from bed to bed, bringing food or drink to the patients, and soothing and comforting them by constant attentions, kind words, and spiritual ministrations. It is not uncommon to find patients in this

hospital of very great age, several between eighty and ninety, some between ninety and one hundred, and not unfrequently centenarians. Two wards in this hospital are devoted to cases of tuberculosis or pulmonary phthisis, the average age of the patients being apparently between twenty and thirty. As this disease is universally regarded here as *contagious*, they are never mixed up with persons laboring under other diseases, but have separate rooms or buildings assigned them. Most of these cases are brought to the hospital late in the progress of the disease, many in the last stages, often probably for no other reason than that they may have the certainty of enjoying the consolations of religion in their dying moments.

One great recommendation of this noble institution is, that admission is freely granted to all who apply; no restriction, no red-tape, no certificate from a director or recommendation from a subscriber is necessary, as with us. The doors fly open to all who wish to enter; no preliminary examination even is required. Here is the patient, there a bed waiting for him; no hope delayed to make the heart sicker which was sick before. The religious, including nuns and priests, reside within the building, each having their own convent. The expense of supporting a patient here is about twenty-five cents per day. Once a year, on a particular Sunday, a grand procession of the Blessed Sacrament issues from the adjoining Church of St. John Lateran, and, crossing the square, passes through the wards of the hospital, the Sacrament being borne by the Cardinal Arch-Priest of the Basilica, the Pope and all the cardinals assisting. The object of this procession seems to be to have a salutary effect on the sick and dying, and cheer them in their afflicted condition.

Besides the public hospitals at Rome already mentioned, there are several small institutions of a more private nature belonging to different nations and corporations; the Germans, Spaniards, Portuguese, Lombards, Florentines, and Lucchese, have each their separate hospitals. When the late Chevalier Bunsen resided in Rome as Prussian ambassador, he founded a hospital on the Monte Caprino, near the Capitol, for poor Protestants. This is supported by private subscriptions, and such of the patients as are able pay a small sum for their support and medical attendance. The hospital is under the protection of the Prussian Legation, near to which it is situated. The sick ward forms a floor in a large building overlooking the Forum and the Palatine. Murray speaks of it as well deserving the support of Englishmen who visit Rome, "as the only one where poor British Protestants can be received without being subjected to the persecutions of the friars and attendants in the other hospitals, to bring about their conversion to Romanism."

From a careful examination of the subject I am satisfied that there are few, if any, capitals in Europe where the hospitals are more numerous in proportion to the population, constructed on a grander scale, or endowed with more princely liberality, than in Rome. The annual endowment of these establishments is no less than 260,000 dollars, derived from lands, from grants, and from the papal treasury. Formerly administered by separate confraternities, the hospitals were placed by the French government under one general board, as in Paris, from which the best results were obtained; but of late years the ancient system has, in some degree, been restored, each establishment being placed under a separate direction, with a prelate at its head. Such a system is liable to abuses, especially jobbing, as we know from our own hospital experience, but it is difficult to hit upon any plan of management which is not open to some objections. Formerly they were ill administered and badly managed in their domestic arrangements. Considerable improvements have been introduced of late years, but especially since 1849, from diminishing the interference of the clergy and friars, and limiting it to its purely spiritual duties. The late accomplished Princess Doria made great efforts to introduce the French Sisters of Charity into this city, and succeeded to some ex-

tent, although opposed by many of the ecclesiastics connected with these institutions. It would not be just, perhaps, to place the Roman hospitals before those of Florence or Milan, but it is difficult to say wherein they are inferior. It is certainly a somewhat remarkable circumstance that, with such a wide field for anatomical and pathological investigation, the medical school of Rome is behind all the others in Italy, and has not produced a really great man, or even a medical work of superior merit, during the present century; nor is it less surprising that in this great city, the real capital of Italy, there is not a single medical periodical published, nor is there a medical society or scientific association of any description in this enlightened city of nearly 200,000 inhabitants. I have inquired of native Romans the reason of this, and have been answered that no secular societies or organizations are permitted here, on account of the danger of their being converted into political associations and used for revolutionary purposes. Whether this be the true reason or not I do not pretend to decide; but those who have resided here for some time as medical practitioners from other countries assure me that it is the true reason. Great credit is, however, due to the present Pope for the deep interest he has always manifested in the hospitals, prisons, reformatories, almshouses, lunatic asylums, and educational institutions, in Rome. He has made additions to many of the hospitals from his own private resources; some he has entirely rebuilt. He has introduced many important reforms, has suggested and had carried out several new and improved arrangements, and has watched over them all with paternal care and solicitude. He has personally visited and inspected every hospital in Rome, and that, too, at times when his visits were wholly unexpected, so as to learn from his own observation their actual condition. During the prevalence of cholera he fearlessly went among it, visited the cholera hospitals, cheered the patients, encouraged the physicians and nurses, and did much to allay the panic and dread of the disease universally prevalent, and dispel the idea of its contagiousness. If Rome is far behind other cities in many things, as she undoubtedly is, some allowance should undoubtedly be made for the present pontiff, who, with the best intentions and the most benevolent dispositions, is hampered by what he and his counsellors consider the political exigencies of the times.

The *Lying-in Hospital of Rome, San Rocco*, is connected with the Foundling Hospital, and consists of one great hall and several chambers, one of which is appropriated to births. It was originally established in 1500, with fifty beds, partly for medical and partly for surgical cases; it was, however, changed from its original destination and converted to its present purpose by Clement XIV. in 1790. It has at present from thirty to forty beds, each bed having a curtain and screen, so that the occupants are not seen by the others. All who apply are received without any questions being asked; some with their faces covered with veils which they are not required to remove. On the register they are only known as guests at a hotel, by their number. No one is allowed, unless by special permit, to enter the hospital, except the physicians, nurses, and attendants. Many are received at a considerable period before their confinement, so that their condition may not be suspected by their friends. If able to pay a small sum they have superior accommodations; and when they are well enough to leave the institution they pass out by a passage in the rear, through an unfrequented street, and thus escape all danger of detection. If they wish to reclaim their children at some future time, some distinguishing mark is put upon them. But the children generally are sent to San Spirito. Usually patients are received only a few days previous to delivery, and they remain on an average about one week after confinement. It is supported partly by its own revenues and partly by the State, like the other public institutions of Rome. Whatever objections may be raised by some against the secret policy pursued in this institution, I am satisfied both of its expediency and wis-

dom, as it leaves open a path to moral and social redemption which a different policy would close for ever. It is a course dictated alike by wisdom and humanity, and no one can justly charge its managers or the State with encouraging vice or immorality, for they act on the well known and admitted principle that the great object of human laws, as well as human institutions, is the reformation rather than the punishment of the offender. A woman may recover character and self respect if she has a fair chance to make the experiment; but what chance has she who is once known and publicly branded as unchaste and the mother of illegitimate offspring, to say nothing of the wretchedness entailed on the child, or the temptations to infanticide?

American Medical Times.

SATURDAY, AUGUST 15, 1863.

PROGRESS OF AMERICAN MILITARY SURGERY.

THE war of the rebellion found the medical profession of the United States practically unfamiliar with military surgery. With the exception of the surgeons surviving the war with Mexico, few of the present generation had ever had sufficient experience in military life to have gained a thorough knowledge of the duties of the army surgeon. Our literature of military surgery was limited to English works, and whatever opinions were entertained were drawn from this source. The profession, however, was ripe for the study of this most interesting branch of our art, and it required but the field for labor and the opportunity for investigation to develop a latent power and activity never equalled in the history of medicine. The drama of civil war on a Titanic scale, waged with all the accessories that modern military science could devise, suddenly afforded both the field and the opportunity, and thousands of laborers rushed forward to the work. It will ever be a source of regret that in the excitement of the times, and in the urgent wants of the service, many unworthy and incompetent men found their way to important positions. Foreign medical journalists have taken advantage of this fact, and are accustomed to publish every scandalous item gleaned from newspapers reflecting unfavorably upon the surgeons of the United States army, and hold them up as evidences of the degenerate condition of the profession in this country. But we may safely challenge the Governments of the old world to improvise armies of such magnitude, and supply them with a medical corps from civil life which will present a more honorable record. Whatever may have been our deficiencies in the knowledge of military surgery heretofore, it is now certain that we shall soon, if we do not already, surpass all other nations in our proficiency in this department. This war has called into active service not far from five thousand surgeons. Their duties have been of the most varied and active character. They have followed their commands to the camp, to the field, and to the hospital, and thus have become personally familiar with every branch of the army medical service. But hundreds of practitioners have been compelled by sickness or interest to retire to civil life, and other hundreds have taken their places.

There is therefore diffused through the profession a degree of familiarity with the practical duties of the army surgeon quite impossible to correctly estimate.

It is gratifying to notice the fact that no pains are spared by the Medical Department of the army to encourage the efforts of the army surgeon to improve his knowledge of military surgery, and render permanently useful his investigations. His observations, records, operations, etc., are all carefully preserved, to make up the future medical and surgical history of the rebellion. In the Medical Museum at Washington, already rich in specimens illustrative of the peculiar pathology of military surgery, are preserved all the specimens which the surgeons transmit, with the history of each preparation, and the name of the individual surgeon who presents it to the Museum. Thus from all this vast field, over which is scattered a multitude of ardent laborers, are being garnered the ripe fruits of observation, study, and practice, and we can but feebly estimate their aggregate value.

We may gain some insight into the progress which the medical department is making in the preservation of material from two pamphlets recently issued from the Surgeon-General's office. The first is a catalogue of the Medical Museum, and to this we have already made reference. The second is a "Consolidated Statement of Gunshot Wounds," compiled by Surgeon J. H. BRISTON, U.S.V. It embraces a period of but four months, and is in many respects imperfect, yet no one can fail to see of what vast importance will be the aggregate of such facts properly collated. They will illustrate many points now but obscurely understood, and lead to conclusions which cannot be disputed. We shall reserve a critical analysis of this most interesting pamphlet for another occasion.

It must be evident to the most superficial observer that, while the nation is being rapidly educated in military science and art, the medical profession is progressing with equal rapidity in a knowledge of military medicine, hygiene, and surgery. If we continue to improve our advantages, the day is now not distant when we may become the teachers of military science in every branch.

THE WEEK.

DEATHS in the workroom of a court dressmaker in London have recently awakened renewed attention to the subject of better care of the sanitary interests of the laboring poor. At the coroner's inquest the fact appeared that thirty young women worked from morning till late at night in a close room, and worst of all, that those women were lodged by their genteel employer in apartments just spacious enough to admit two beds end to end, and that each narrow bed had two occupants. "Died of apoplexy," was the verdict; but the coroner very properly replied to the greedy employer's inquiry as to what more should be done for the benefit of the seamstresses, by saying "that was a question for a surveyor." In a recent discourse before the Ladies' Sanitary Association, Dr. Richardson declared that the capitalist who overtasked for the sake of gain was nothing less than a homicide. And it is equally murderous to shut up artisans and employees in unventilated and crowded workrooms.

BITTERLY and very justly does the British medical press

complain that the Home Government continues to neglect the professional and official claims and dignity of the East Indian Medical service. Not only does there appear to be difficulty in amalgamating the medical service of the old East India Company with that of the royal army, but the medical officers of every grade "are snubbed, their pay kept down, their emoluments shaved off, and their social position depreciated." Even the Royal Warrant, with its enlarged but begrudging assurances of assimilated rank and reasonable social respectability, is not recognised in India. The *Lancet* intimates that the medical department of the royal army is compelled by such unpropitious circumstances to let the honor of its famed competitive examinations be borne away by the very "sweepings of the schools." But the *Lancet* boldly charges that it requires the pressure of promises and invitations to get even such candidates, and that to "sham examinations." This sad state of affairs, it is charged, "has been brought about by the ill judged oppression of military chieftains." Thanks to the loyalty and patriotism of the medical profession in our country, such criticism cannot be so justly applied to our army surgeons. The schools have all sent their choicest young graduates into our army and navy; and it will be fortunate for the country and for science if the Secretary of War should become inspired with the lofty sentiments of Sir SIDNEY HERBERT, whose transcendent excellence and genius have so soon been forgotten and dishonored by the official successors of that noble friend of humanity and medical science.

SMALL-POX and other infectious maladies are perpetuated and widely diffused by means of public carriages in this city. The Commissioners of Public Charities have under consideration the question whether special action should not be taken to prevent hackney coaches and public carriages from being occupied by persons suffering from infectious diseases. The Mayor of the city has also called the attention of the municipal government to the subject, at the suggestion of the City Physician. With from fifty to five hundred cases of variola constantly in the metropolis, and with no guards against the unrestrained exposure and transportation of such persons about the city in public vehicles, it is not strange that the loathsome malady is spread to all sections of the country from this city as its perennial nidus.

It is a ludicrous fact that the efforts of Dr. Brady and Sir Fitzroy Kelly, in the British Parliament, to procure the enactment of a suitable sanitary law to regulate and guard the transportation of persons with infectious maladies, has failed in consequence of a clause in the proposed Act, which declares that "in any proceedings, etc. . . the word *infectious* shall include contagious," and that "every contagious disease shall be deemed infectious." Better to have specified the pestilent infections to be guarded than to attempt such refined definitions. Let the metropolitan district of New York have municipal ordinances prohibiting the employment of public carriages for conveying sick with small-pox, measles, scarlatina, and typhus. Even the lawmakers must learnedly admit that these maladies are "taking," and that restrictions upon them will not be restraints upon the concomitants of "the great social evil" to which the proposed Act of Parliament might have applied.

Reviews.

ON THE TREATMENT OF DIPHTHERIA, WITH ILLUSTRATIVE CASES. By E. N. CHAPMAN, M.D., Professor of Therapeutics and Materia Medica, Professor of Clinical Obstetrics, and Physician in the Long Island College Hospital.

DIPHTHERIA is still the most fatal disease with which the country practitioner has to contend. From every section we hear of its prevalence and its fatality. Individual physicians frequently gain reputation for its successful treatment, but the next epidemic too often proves that their ancient specifics have little virtue. The rational treatment of this disease rests in a correct knowledge of its pathology, and until this is obtained all remedial efforts will be empirical.

Prof. Chapman, a thoroughly practical physician, has given in this pamphlet his views of the pathology of diphtheria, and the course of treatment to be pursued. Discarding the theory of its local character, he adopts in full the opinion that it is as much a blood disease as typhus, scarlatina, and rheumatism. He says:—

"There cannot be a reasonable doubt that diphtheria belongs to this class of blood-diseases. Ostensibly it is an ailment of the throat, attended with inflammation and the effusion from the capillaries of coagulable lymph. So, also, rheumatism presents the appearance of an inflammation of the ligamentous structures; scrofula, of the glands, bones, etc.; syphilis, of the skin, mucous membrane, and periosteum; and variola, rubecula, and scarlatina, of the skin alone, whence they have been improperly classed under the head of cutaneous diseases. The pathology of diphtheria is not elucidated by autopsies, nor by chemical or microscopic examinations. No special structures are invaded, or characteristic lesions discovered; only everywhere is found a dark, grumous blood, filling equally the veins and arteries, and stagnated in various organs. M.M. Millard and Peter first pointed out that the blood was of a dirty brown color, resembling liquorice-juice or water containing a mixture of soot. During life there are conclusive proofs, in the malignant cases, of a poisoned, disorganized condition of the circulating fluid—the dark, grumous blood oozing from the tonsils when roughly touched, the spontaneous hæmorrhages, the muscular weakness, the prostrated nerve-power, the clammy sweats, the rapid, soft, and shaky pulse, the sphacelation in the fauces, the sequelæ—anaemia, paralysis, etc.—the gradual sinking of the patient, and the extinction of life without an effort at reaction, or the slightest tokens of constitutional resistance. The evidences of a blood-contamination, equal to those seen in typhus, are infinitely greater than those presented in other diseases now universally conceded to arise from this cause. Chemistry detects no material poison in the air during a diphtheritic epidemic, nor any foreign element in the blood, or any change in its constituents, where patients have died of this disease. The changes, and the agencies producing them, whatever they may be, are inappreciable by this means of investigation."

It will be correctly inferred from the foregoing statements what treatment Prof. Chapman advocates. Stimulants and tonics are his main reliance. After detailing thirty-eight illustrative cases he thus sums the treatment of diphtheria:—

"In the thirty-eight cases of diphtheria detailed above, this alarming disease is presented in almost every varied phase. With a singular uniformity the stimulating treatment, whether in the acute or chronic stage—that of excitement, fever, and inflammation, or of prostration, paralysis, rheumatism, or dropsy—had the same happy effect; and it was in all conditions that had a diphtheritic origin uninterruptedly followed; since we only regarded the causation, not its manifestations—the root of the evil, not its offshoots—and directed our efforts to the removal of a special state of the blood. This state of the blood, which is prone to occur in scrofulous children, or adults reduced by disease or of feeble constitutions, in a certain endemic condition of the atmosphere, is marked by a diminished vital power; which being exalted by stimulants, the symptoms are checked, the

inflammation subdued, the membrane removed, a rapid recovery effected, and relapses prevented. In other words, this plan of medication is radical; strikes at the heart of the trouble; whereas most others that have been proposed are but an ineffectual warfare against symptoms. The blood, which is similarly affected in the mild or severe cases, in the first or later stages, only differing in the degree of its dissolution, alone claims our attention. Against this condition, before the disintegration is irreparable, we bring to bear the most powerful means in our hands to buoy up the constitutional powers, and sustain the activity and energy of each function. The first link in this morbid chain being this retrograde movement in the vitality of the blood, when this is checked, fever, inflammation, hæmorrhage, exudation, collapse, paralysis, dropsy, etc., disappear almost magically, from the simple fact that the cause has been rendered null and inoperative, and the prime pathological change removed.

"Of the remedies that have been employed in diphtheria, two only have proved themselves in our hands worthy of confidence, with the exception, in the chronic stage, in favor of the salts of iron. These two remedies—alcohol or cinchona in one of its forms—are administered in such doses and at such intervals as to secure one effect—the fullest stimulation of the nervous and vascular systems. From clinical observations and therapeutical deductions we arrive at the practical conclusion, that alcohol is not only a stimulant to the system at large, but also to the blood itself, quickening its vital elaborations, and increasing its vital status; through which a direct barrier is thrown in the way of the disease. In other words, the results produced by the disease, and by the alcohol in the blood, being directly opposite, they neutralize each other; and thus the stimulant assumes in our eyes the position of a true remedy, a trustworthy antidote. Hence its medicinal power, being not only remedial but prophylactic, will prevent the extension of diphtheria in the other members of the family, as well as cure the one affected. This conclusion is a necessary sequence; if the pathology of diphtheria and the *modus operandi* of alcohol have been correctly appreciated.

"In malignant cases of diphtheria, we might desire to avail ourselves of a co-operating remedy; of one, like quinia, that particularly excites the great ganglionic nervous centres; by which means we should attain a maximum of power, and carry stimulation to the highest possible degree. The various preparations of the cinchona bark fulfil this indication; and, when pushed to the extent of causing tinnitus aurium, are our most potent nerve-stimulants. Their efficacy is shown in all diseases when the innervation is weakened, disordered, or perverted; in fevers from malaria, in fevers from a blood-poison, and in a variety of morbid conditions attended with an exhausted or defective nervous energy. As a tenderness of the gums is a mark of the saturation of the system with a mercurial, so the ringing in the ears indicates that the brain is fully under the influence of cinchona. Both it and the alcoholic stimulant, whether used singly or united, should be given with regularity and in sufficient doses to obtain their full effects; and then the latter, in a lessened quantity, continued for two or more weeks after the disappearance of the disease and its sequelæ. From the outset to a permanent restoration to health, one, or perhaps both, of these remedies are to be continuously administered.

"In the more tedious cases, that retain a hæmorrhagic tendency, the substitution of a sesqui-salt of iron for the cinchona might, for a time, be advisable, when the peculiar effect of the latter on the brain had been attained. These salts of iron, like the alcohol, increase the crasis and coagulability of the blood, as I have experienced in several instances of internal hæmorrhage; but they affect the body of the blood too slowly to be a trustworthy reliance in acute cases. Their action would be slight short of two or three days; whereas the progress of diphtheria brooks no delay. Indeed, one of my cases was attacked with the disease, although the persulphate of iron, in free doses, had been in use for hæmoptysis for more than forty-eight hours. At least fifteen drops of the muriated tincture, or five drops of the solution of the chloride or persulphate of iron, should be administered every third or fourth hour whenever we desire this peculiar change in the blood; but in chronic cases, with more time at our disposal, the dose may be less; since, usually, our main object is now to remedy the anaemia.

"Most writers insist strongly on the importance of giving large quantities of animal broths to sustain the strength of the patient, and thus enable him to ride out the violence of the disorder. This, as a medicinal means, cannot but be erroneous in

the early stages; since most of the patients are taken while eating heartily of animal food, and enjoying their usual health. We could not expect that nourishment, however concentrated, which did not prevent the accession of a disease, whilst the digestion was vigorous, can cure it when digestion, assimilation, and nutrition, are completely destroyed. The change of our food into the living structures is something more than its ingestion into the stomach or its absorption into the blood-vessels; and nutriment unappropriated can be but an incumbrance—a foreign element—which will be carried off by the kidneys with the effete matters. Most of my patients took little or no nourishment before convalescing, when it was directed for the same reasons that we order it in other ailments.

"It is important to avoid close, hot, and badly ventilated rooms, and secure a free circulation of air. As soon as practicable the patient should be taken out of doors, and no fear need be entertained of catching cold; the disease having no analogy with tonsillitis, pharyngitis, or any other mucous inflammation whatsoever.

"At the present time, the chlorate of potash seems to be the favorite of the hour; but it has, probably, no greater claims to our regard or any more solid foundation for its character as a specific, than iodine or cod-liver oil in the height of their fashion; when it was presumed that tubercles would be absorbed, cavities closed, and, in fine, phthisis cured by the marvellous efficacy of these remedies. Theory was the only foundation on which such expectations were based; as it is for the eulogiums lavished on this new wonder by its advocates. They, observing that the blood, removed from its vessels, is reddened when this salt is added, conclude straightway that we can, by its use as a medicine, supply a lack of substance in the lungs; that its elements being set free in the circulation, the oxygen of the salt will not only fill the place of that which should have been received from the inspired air, but by its excess act as a stimulant, as is observed when this gas is inhaled; and that the chlorine, by its antiseptic properties, will purify the blood, and thus the *materies morbi* will be neutralized.

"My observations teach me that the chlorate of potash is perfectly unreliable in diphtheria; and I am not sure its employment may not be injurious; certainly its irritation when gargled does harm, and if, when received into the blood, it is decomposed, the free alkali will act as a liquefacient, by which means the crisis of the blood will be lessened, and the disease increased. All liquefacients, such as alkalies, mercurials, iodine, etc., are contra-indicated in a dyscrasia like that of diphtheria, since their effects coincide with that of the disease; thus rendering the death of the patient, in all severe cases, more imminent. From experiments made by myself recently, however, it is more than doubtful whether any decomposition of the chlorate of potash takes place in the blood. I had under my care a young man, twenty-one years of age, who had had the morbus cereuleus from birth. The surface of the body was of a purple color, from the faulty aeration of the blood. I gave him 3 j. of the chlorate of potash in the twenty-four hours on three different occasions; but at each trial, after continuing the salt two or three days, it had to be discontinued from the irritation set up in the stomach and bowels. The blood was not reddened in the slightest degree, a fact brought to the attention of several medical gentlemen; but the urine was very largely increased, amounting to more than twice the normal quantity, and had a specific gravity averaging about 1010, and an acid reaction."

In regard to local treatment PROF. CHAPMAN differs widely from the majority of writers. He says:—

"It only remains for me to say a few words on the local treatment. This is of little efficacy; and should, in our opinion, be limited to demulcent drinks. Of the many external appliances, leeches, which are exhausting, and poultices or fomentations, which invite the blood to the point of their application, are among the most objectionable; but all, of whatever kind, are useless, if not prejudicial. All irritating, astringent, or stimulating gargles increase the inflammation of the fauces, and thus afford a nidus favorable for the effusion of the membrane; but of the many kinds of local medication calculated to spread the membrane and extend it into the rima glottidis, none could have been devised more singularly appropriate than the various caustic substances in use, which not only augment the congestion already existing, but destroy the epithelium of the unaffected parts; and then, frequently, the membrane takes its place, for the same reason that it appears

on the derma where the cuticle has been detached. This, the most simple of all facts, seems never to have attracted any physician's attention. In one of my cases the membrane, two hours after an application of the tincture of iodine, was found extended over two-thirds of the posterior surface of the pharynx.

"In cases where the larynx is not sufficiently implicated to interfere in a serious degree with the aeration of the blood, the general treatment is still to be relied upon as offering the best chance to the patient; but, when at each inspiration there is a forced, though ineffectual, effort to expand the chest, and the skin has a purple tinge, tracheotomy, as a last hope, should be performed in patients over two years of age; whenever, other things being favorable, the exudation is thought not to extend into the trachea."

We have quoted at length the treatment recommended by PROF. CHAPMAN, because of its rational character. It is deduced, we believe, from sound pathological views, and deserves to be most thoroughly appreciated by practitioners. We hope this interesting pamphlet will have a wide circulation.

Army Medical Intelligence.

SURGEON-GENERAL'S OFFICE,
WASHINGTON CITY, D. C., August 4, 1863.

SIR:—Upon the last day of every month the Surgeon-General directs that you forward to this office a statement of all requisitions approved by you, varying from the Supply-table in either kind or quantity. This statement will mention the articles and quantities required, and the reason demanding such issue.

Very respectfully,
Your obedient servant,
By order of the Surgeon-General.

ORDERS, CHANGES, &c.

Acting Assistant-Surgeon John N. Lyman, U.S.A., has been appointed Surgeon of the 8d Regiment U.S. Colored Troops, and ordered to report to the commanding officer at Camp Penn, near Philadelphia, Penn.

Drs. William K. De Witt, of Pennsylvania, Henry W. Ducahet, of New York, George B. Parker, of New York, Frank Reynolds, of New York, S. S. Schultz, of Pennsylvania, John H. Doughty, of Connecticut, Nathan P. Rice, of New York, P. A. White, of Massachusetts, and Otis M. Humphrey, of Massachusetts, have been appointed Assistant-Surgeons of Volunteers.

Leave of absence on surgeon's certificate of disability, has been granted to Assistant-Surgeon Alexander Collar, 24th Michigan Volunteers, for twenty days.

Leave of absence has been granted to Surgeon Charles McCormick, U.S.A., for sixty days, and to Assistant-Surgeon A. B. Chapin, U.S.V., for twenty days.

Surgeon N. E. Derby, U.S.V., has been appointed Surgeon-in-Chief 6th Division, 16th Army Corps, at Cairo, Ill.

Surgeon J. G. F. Holston, U.S.V., has been relieved from duty at Columbus, Ky., and will report in person at Cairo to Surgeon A. H. Hoff, U.S.V., Chief of Hospital Transports, for such duty in the Department of Hospital Transportation as Surgeon Hoff may designate.

SPECIAL ORDERS, No. 339.

WAR DEPARTMENT, ADJ. GEN'L'S OFFICE,
WASHINGTON, July 20, 1863.

Assistant-Surgeon Elbert Rowland, 127th New York Vols., dismissed by Special Order No. 251, current series, from this office, for disobedience of orders in failing to report for medical treatment in this city, is hereby restored to the service, provided the vacancy has not been filled, evidence of which must be obtained from the Governor.

The report of the General Court-Martial in the case of Assistant-Surgeon Cyrus D. Tuck, 9th Maine Vols., promulgated in General Order No. 41, Headquarters Department of the South, dated September 25, 1862, not showing that either the Court or Judge-Advocate was sworn, the sentence of dismissal is inoperative. The offences, however, of which the accused was proved and found guilty, would justify his summary dismissal. The President, therefore, directs that Assistant-Surgeon Cyrus D. Tuck be dismissed the service of the United States, to date from the 25th day of September, 1862.

Surgeon W. D. Stewart, U.S.V., will report in person, without delay, to Brig-General B. F. Kelly, commanding Department of West Virginia, for duty in that Department.

By order of the Secretary of War,
E. D. TOWNSEND,
Asst. Adjutant-General.

Leave of absence for fifteen days has been granted to Acting Assistant-Surgeon J. G. Ryerson, U.S.A.

The resignation of Surgeon E. C. Franklin, U.S.V., now on sick leave at St. Louis, Mo., has been accepted by the President.

Assistant-Surgeon T. P. Seely, U.S.A., has been ordered to report to Governor John A. Gurley, of Arizona, at Fort Leavenworth, to accompany his escort to Santa Fé, N. M.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 27th day of July to the 3d day of August, 1863.

Deaths.—Men, 98; women, 94; boys, 275; girls, 255; total, 722. Adults, 192; children, 530; males, 373; females, 349; colored, 12. Infants under two years of age, 419. Children born of native parents, 48; foreign, 415.

Among the causes of death we notice:—Apoplexy, 3; infantile convulsions, 53; croup, 4; diphtheria, 21; scarlet fever, 12; typhus and typhoid fevers, 24; consumption, 60; small-pox, 2; measles, 8; dropsy in head, 25; infantile marasmus, 58; cholera-morbus, 12; cholera infantum, 189; inflammation of brain, 19; of bowels, 14; of lungs, 19; bronchitis, 4; congestion of brain, 0; of lungs, 0; erysipelas, 0; diarrhoea and dysentery, 53. 451 deaths occurred from acute diseases, and 53 from violent causes. 555 were native, and 167 foreign; of whom 118 came from Ireland; 93 died in the City Charities; of whom 21 were in Bellevue Hospital, and 10 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July 1863.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature.	Evaporation.	Barometer.	Wind.	Minimum Temperature.	Evap. Below.	Barometer.	Wind.	Minimum Temperature.	Evap. Below.	Barometer.	Wind.
26th.	70	11	4 29.81	S.W.	84	9 29.88	S.W.	75	5 29.84	g.		
27th.	68	75	5 29.88	S.W.	78	8 29.85	S. by E.	70	5 29.91	g.		
28th.	67	71	7 29.99	S.W.	80	13 30.03	S.W.	72	5 30.06	g.		
29th.	68	72	4 29.69	S.	82	8 30.12	S.	70	6 30.11	S.W.		
30th.	67	70	4 30.11	S.W.	77	6 30.10	S.W.	69	7 30.06	g.		
31st.	68	71	6 30.06	g.	76	6 30.08	g.	70	5 30.08	g.		
1st.	70	71	5 30.04	g.	87	9 30.03	g.	81	5 30.02	g.		

REMARKS.—26, Hard rain early with thunder; clear day. 27, Light rain from 2 to 3 and 4 to 5 P.M., clear A.M., cloudy P.M. 28, Fog early; day clear. 29, Hard rain at daylight with thunder and lightning; evening mostly clear. 30th, Cloudy, showers from 1 to 5 P.M. 31st, Variable, showers from 9 A.M. to 6 P.M. 1st, Cloudy A.M., variable P.M. Sundry every day of the week; rain fall 1.7 inches.

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To the Medical Profession. A Card.

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The 14th Annual Course of Lectures will commence on the 19th of October, 1863, and will continue until the first week of March, 1864.

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J. V. C. SMITH, M.D., Professor of Anatomy.

WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.

SAMUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.

HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.

P. H. VAN DER WEYDE, M.D., Professor of Chemistry and Toxicology.

HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.

STEPHEN ROGERS, M.D., Professor of Physiology.

JOSEPH SHNETTER, Lecturer on Microscopic Anatomy.

JAMES E. STEELE, M.D., Demonstrator of Anatomy, and Curator of the Museum.

JOHN H. THOMPSON, M.D., Prosecutor to the Professor of Surgery.

F. S. SNEAD, Janitor.

A preliminary term will commence on September 14th, and continue until the regular term begins. The term will be GRATIS to those Students who intend taking a full winter course, and will be as follows:—

On Military Surgery, by PROF. RAPHAEL.

On Congenital Malformations, PROF. JACOBI.

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On Pulsos and their Antidotes, PROF. VAN DER WEYDE.

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BENJAMIN SILLIMAN, JR., M.D., Professor of Chemistry and Pharmacy.

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CHARLES A. LINDSLEY, M.D.,

Dean of the Faculty.

NEW HAVEN, July 22d, 1863.

Geneva Medical College.—The Ses-

sion of 1863-64 will begin on Wednesday, Oct. 7, 1863, and continue sixteen weeks.

FACULTY

JOHN TOWLER, M.D.,

Dean and Registrar.

JAMES HADLEY, M.D.,

Emeritus Professor of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

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